



DQA:

Date:



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only 

Work Order: _____	<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									
FAULT CATEGORY									
Landing Gear				General					
<ul style="list-style-type: none"> <li><input type="checkbox"/> Bending</li> <li><input type="checkbox"/> Centre Not Concentric</li> <li><input type="checkbox"/> Cracks</li> <li><input type="checkbox"/> Crimp/Kink/Ripple/Wave</li> <li><input type="checkbox"/> Cuffs</li> <li><input type="checkbox"/> Crushing</li> <li><input type="checkbox"/> Heat Treat</li> <li><input type="checkbox"/> Inspection Strip in Tube</li> <li><input type="checkbox"/> Marks/Chatter</li> <li><input type="checkbox"/> Turning Sequence</li> <li><input type="checkbox"/> Wave/Twist in Tube</li> </ul>				<ul style="list-style-type: none"> <li><input type="checkbox"/> Bend</li> <li><input type="checkbox"/> BOM/Route</li> <li><input type="checkbox"/> Broken/Damage/Defect</li> <li><input type="checkbox"/> Burrs</li> <li><input type="checkbox"/> Contamination</li> <li><input type="checkbox"/> Countersink</li> <li><input type="checkbox"/> Cut Too Short</li> <li><input type="checkbox"/> Drawing</li> <li><input type="checkbox"/> Drill Holes</li> <li><input type="checkbox"/> Finish</li> <li><input type="checkbox"/> Fit/Function</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Folio/Program</li> <li><input type="checkbox"/> Grain</li> <li><input type="checkbox"/> Hardware</li> <li><input type="checkbox"/> Inspection Incomplete/Unqualified</li> <li><input type="checkbox"/> Instructions Incomplete/Unclear</li> <li><input type="checkbox"/> Misaligned/off center</li> <li><input type="checkbox"/> Mislabeled</li> <li><input type="checkbox"/> Misread</li> <li><input type="checkbox"/> Off-set</li> <li><input type="checkbox"/> Out of Calibration</li> <li><input type="checkbox"/> Out of Sequence</li> </ul>					
				<ul style="list-style-type: none"> <li><input type="checkbox"/> Outside Dimensions</li> <li><input type="checkbox"/> Over/Under tolerance</li> <li><input type="checkbox"/> Part Incorrect</li> <li><input type="checkbox"/> Part Lost/Missing</li> <li><input type="checkbox"/> Part Moved</li> <li><input type="checkbox"/> Positioned Wrong</li> <li><input type="checkbox"/> Power Loss/Surge</li> <li><input type="checkbox"/> Other</li> </ul>					

**Work Order ID 121116****\*121116\***

Page 2

June-16-14 1:18:49 PM

Item ID: D3404-1

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: GHW/ Lug

Start Date: 6/16/14 Start Qty: 80.00

**\*80\***

Cust Item ID:

Required Date: 6/16/14 Req'd Qty: 80.00

**\*80\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run

Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> QC	QC8- Inspect parts - second check Quality Control	0.00	<i>6/14/08/27</i>			<i>80</i>	<i>0</i>		
140 <b>*140*</b> Packaging Packaging	Identify as per dwg & Stock Location: <u>WA</u> Memo	0.00				<i>MF 14-10-20</i>			
150 <b>*150*</b> QC	QC21- Final Inspection - Work Order Release Quality Control	0.00				<i>14/10/20 JJ</i>			
	Memo	0.00				<i>MF</i>			
						<i>WW 20</i>			

DQA: \_\_\_\_\_

Date: \_\_\_\_\_



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FAULT CATEGORY																																																																																																																																	
Landing Gear				<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;">General</td> <td colspan="4" style="text-align: center; padding: 5px;">Folio/Program</td> <td colspan="2" style="text-align: center; padding: 5px;">Outside Dimensions</td> <td colspan="2" style="text-align: center; padding: 5px;">Pressure/Forced</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Bending</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Bend</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Grain</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Over/Under tolerance</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Set-up</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Centre Not Concentric</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">BOM/Route</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Hardware</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Part Incorrect</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Temperature/Cure</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Cracks</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Broken/Damage/Defect</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Inspection Incomplete/Unqualified</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Part Lost/Missing</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Weld</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Crimp/Kink/Ripple/Wave</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Burrs</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Instructions Incomplete/Unclear</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Part Moved</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Wrong Stock Pulled</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Cuffs</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Contamination</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Misaligned/off center</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Positioned Wrong</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Power Loss/Surge</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Crushing</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Countersink</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Mislabeled</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Other</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Heat Treat</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Cut Too Short</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Misread</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Inspection Strip in Tube</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Drawing</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Off-set</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Marks/Chatter</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Drill Holes</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Out of Calibration</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Turning Sequence</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Finish</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Out of Sequence</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Wave/Twist in Tube</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">Fit/Function</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td colspan="5"></td> </tr> </table>						General		Folio/Program				Outside Dimensions		Pressure/Forced		<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up	<input type="checkbox"/>	Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Other			<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>				<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Off-set	<input type="checkbox"/>				<input type="checkbox"/>	Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>				<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>				<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>					
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**Picklist Print**

June-16-14 1:18:49 PM

Page 1

Work Order ID: 121116

**\*121116\***

Parent Item: D3404-1

**\*D3404-1\***

Parent Item Name: GHW/ Lug

Start Date: 6/16/14

Required Date: 6/16/14

Start Qty: 80.00

Required Qty: 80.00

**Comments:** IPP Rev:A05.09.01New issueKJ/JLM  
 IPP rev B 09.01.28 new geometry rev.C EC verified by:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304B0.750X2.500 304 BAR .750 X 2.50		Purchased	No			100	f	29.1000	0.2291	20		DAS 37 9-89	14.08.23

**\*M304B0 750X2 500\***

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT007	29.1	
M128496	3.1	
M129240	12.667	
M129287	13.333	
<i>i29873</i>		<i>20st.</i>

DQA:

Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date: \_\_\_\_\_

Work Order update only 

<p>Work Order: _____</p> <p>Part No. _____</p> <p>NCR No. _____</p>	<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
---------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

Landing Gear	General	Folio/Program	Outside Dimensions
Bending	Bend		Pressure/Forced
Centre Not Concentric	BOM/Route		Set-up
Cracks	Broken/Damage/Defect		Temperature/Cure
Crimp/Kink/Ripple/Wave	Burrs		Weld
Cuffs	Contamination		Wrong Stock Pulled
Crushing	Countersink		
Heat Treat	Cut Too Short		
Inspection Strip in Tube	Drawing		
Marks/Chatter	Drill Holes		
Turning Sequence	Finish		
Wave/Twist in Tube	Fit/Function		
		Misaligned/off center	
		Mislabeled	
		Misread	
		Off-set	
		Out of Calibration	
		Out of Sequence	

DART AEROSPACE LTD	Work Order:	I21116
Description: GHW Lug	Part Number:	D3404-1
Inspection Dwg: D3404	Rev: C	Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

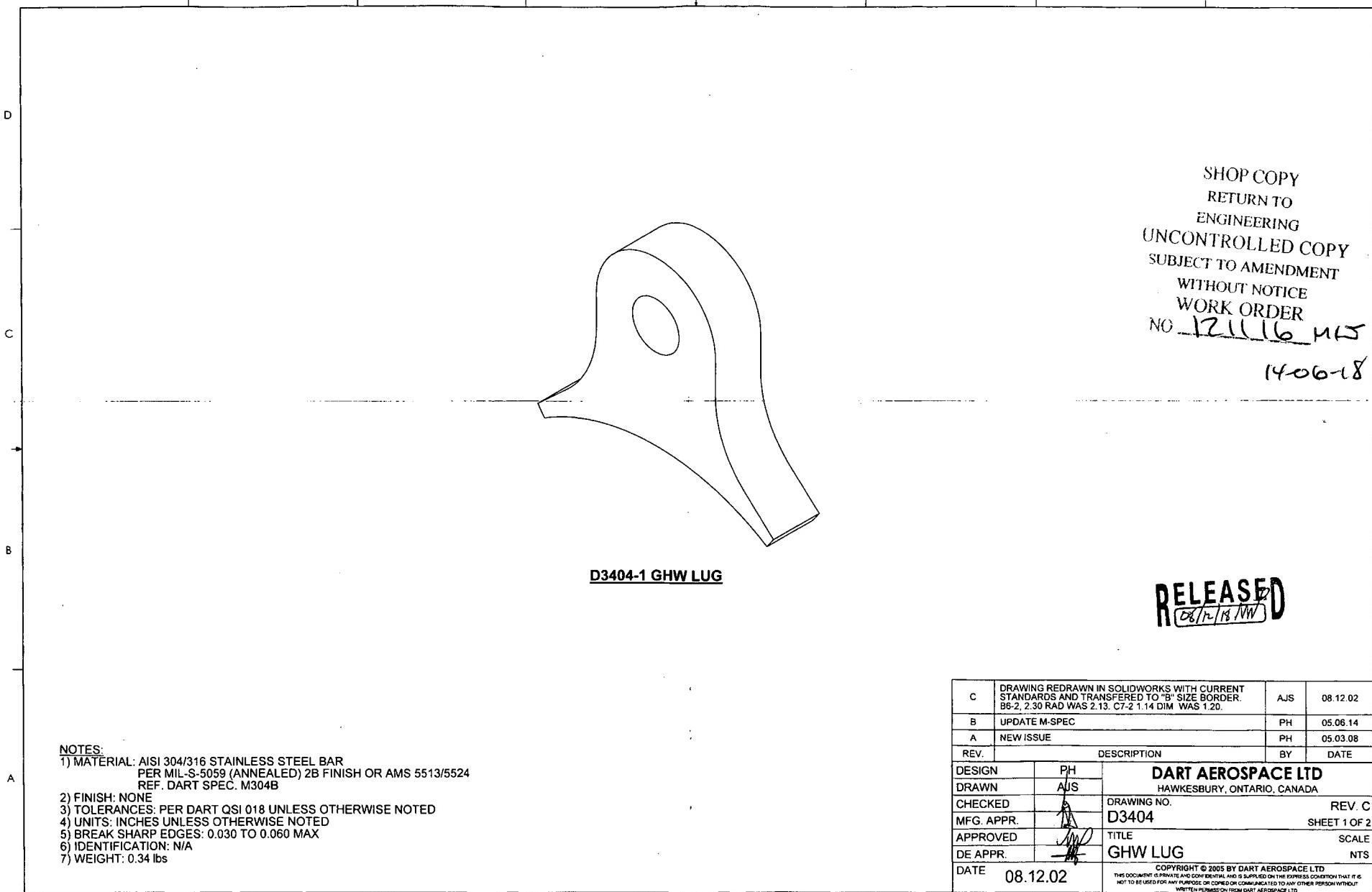
## X First Article      Prototype

DAS

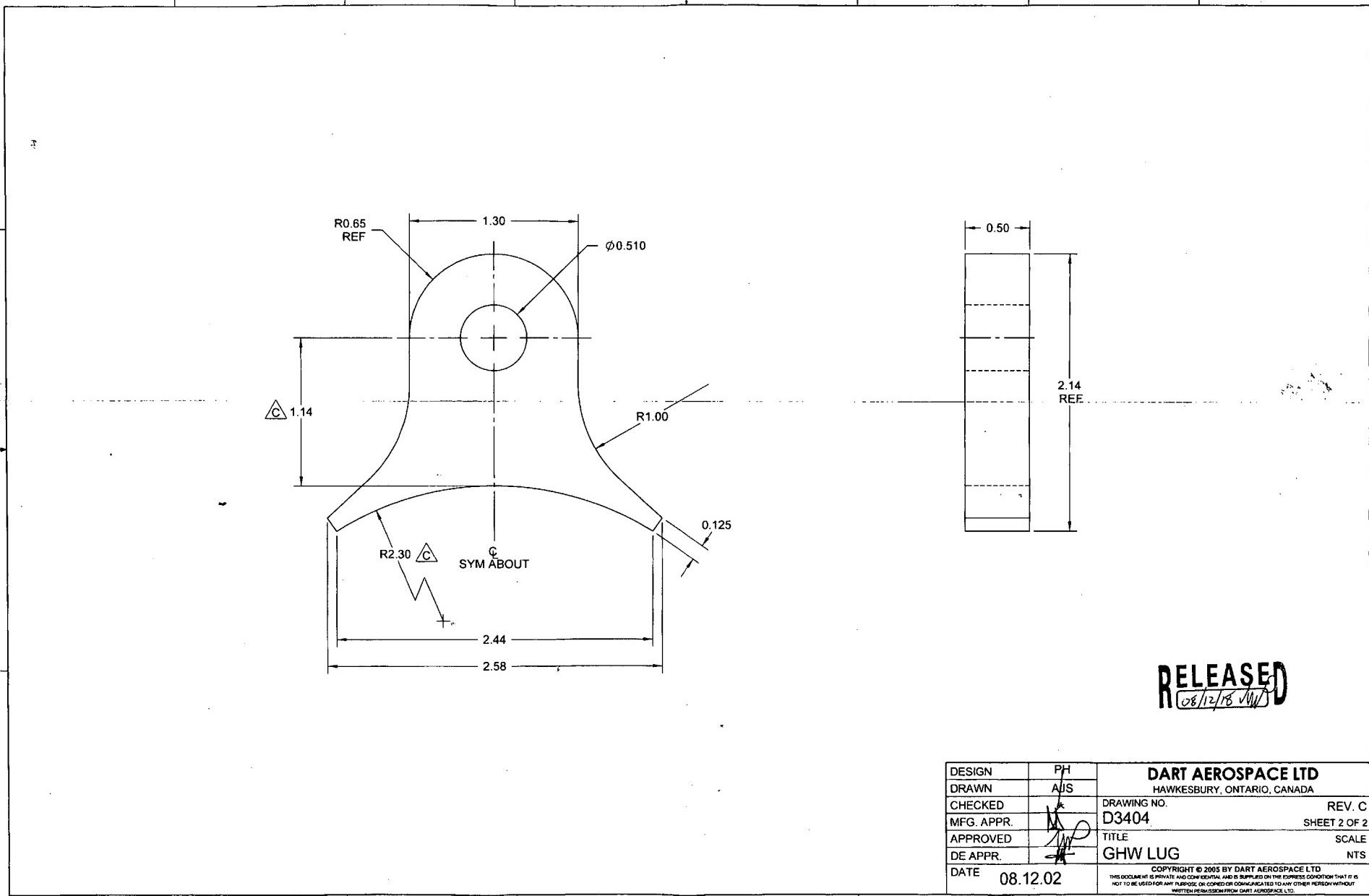
Measured by:	<b>37</b> 9-89	Audited by:	<i>Amf</i>	Prototype Approval:	N/A
Date:	14.08.24	Date:	14/08/27	Date:	N/A

<b>Rev</b>	<b>Date</b>	<b>Change</b>	<b>Revised by</b>	<b>Approved</b>
A	06.04.12	New Issue	KJ/JLM	
B	09.05.04	Dimensions updated per Dwg Rev. C	KJ/DD	

8 7 6 5 4 3 2 1



8 7 6 5 4 3 2 1



**RELEASED**  
08/12/02

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	AJS	HAWKESBURY, ONTARIO, CANADA	
CHECKED	M	DRAWING NO.	
MFG. APPR.	M	D3404	REV. C
APPROVED	M	SHEET 2 OF 2	
DE APPR.	M	TITLE	SCALE
		GHW LUG	NTS
DATE	08.12.02	COPYRIGHT © 2005 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	